



Arnold Schwarzenegger  
GOVERNOR

# CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION

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## TO THE EMPLOYER:

Please complete the employment information on the reverse side of this form verifying the applicant's employment under your direct supervision. If additional space is needed, please use another Employment Verification Form or a photocopy of a blank Employment Verification Form.

Signature must be provided by the "Responsible Managing Officer" for California general building contractor corporations.

**The Board requires that all Employment Verification Forms submitted for an applicant contain the original signature of the employer. Copies, rubber stamps, or other reproductions of the signature will not be accepted. In addition, forms containing strikeouts or corrections will not be accepted.**

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# EMPLOYMENT VERIFICATION FORM

**APPLICANT MUST COMPLETE SECTIONS I ONLY**

**TYPE OR PRINT CLEARLY IN INK**

I. Applicant is required to complete section I of this form prior to sending it to the employer. Please remember that making or giving any false information in connection with an application for examination and/or licensure may be grounds for denial, suspension, or revocation of a license to practice architecture.

Name \_\_\_\_\_ ID # \_\_\_\_\_  
Last First Middle (If known)

Known By Any Other Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

☐ CHECK BOX IF ABOVE IS A CHANGE OF ADDRESS

**Filing Status - Please Check Appropriate Category Only**

☐ WRITTEN EXAM ☐ ORAL EXAM ☐ RECIPROCITY ☐ PASSED ALL EXAMS

**SECTION II TO BE COMPLETED BY EMPLOYER AND/OR SUPERVISOR ONLY**  
**FORMS CONTAINING STRIKEOUTS OR CORRECTIONS WILL NOT BE ACCEPTED**

II. This will certify that to the best of my knowledge and as indicated in the records of this office, the above-named person worked under my direct supervision performing architectural duties for the following time period.

Month/Day/Year Month/Day/Year  
From \_\_\_\_\_ To \_\_\_\_\_ Full-Time ☐ Part-Time ☐ Hours/Week \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Full-Time ☐ Part-Time ☐ Hours/Week \_\_\_\_\_

Name of Firm \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**During the time period shown above, my professional status was as follows:**

Name \_\_\_\_\_  
Last First Middle

Licensed as \_\_\_\_\_ State of Registration \_\_\_\_\_  
(architect, civil or structural engineer, landscape architect, California general building contractor \*)

Individual License # \_\_\_\_\_ Original Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

**If applicant performed work in a state other than the one listed above, provide employment period for that project and the following information for that state.**

From \_\_\_\_\_ To \_\_\_\_\_ Full-Time ☐ Part-Time ☐ Hours/Week \_\_\_\_\_

Licensed as \_\_\_\_\_ State of Registration \_\_\_\_\_  
(architect, civil or structural engineer, landscape architect, California general building contractor \*)

Individual License # \_\_\_\_\_ Original Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

**I certify under penalty of perjury under the laws of the State of California that the information on this form is true and correct.**

Original Signature \_\_\_\_\_ Current Date \_\_\_\_\_  
(Please do not sign in black ink)

Print Name \_\_\_\_\_